

10/530741  
JC06 Rec'd PCT/PTO 07 APR 2005

APPLICATION DATA SHEET

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: No  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: System for Identifying,  
Displaying, Marking, and  
Treating Suspect Regions of  
Tissue  
Attorney Docket Number:: MDS-037  
Request for Early Publication?:: No  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ross  
Middle Name:: F.  
Family Name:: Flewelling  
Name Suffix::

City of Residence:: Chelmsford  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 1 Eagle Cliff Road  
City of Mailing Address:: Chelmsford  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01824

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: E.  
Family Name:: Griffin  
Name Suffix::  
City of Residence:: West Groton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: P.O. Box 284  
City of Mailing Address:: West Groton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01472

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Chunsheng  
Middle Name::  
Family Name:: Jiang

Name Suffix::  
City of Residence:: Reading  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 28 Benton Circle  
City of Mailing Address:: Reading  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01867

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France/USA  
Status:: Full Capacity  
Given Name:: Jean-Pierre  
Middle Name::  
Family Name:: Schott  
Name Suffix::  
City of Residence:: Weston  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 8 Greenridge Road  
City of Mailing Address:: Weston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02493

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Kevin  
Middle Name:: T.  
Family Name:: Schomacker

Name Suffix::

City of Residence:: Maynard

State or Province of Residence:: MA

Country of Residence:: USA

Street of Mailing Address:: 6 George Road

City of Mailing Address:: Maynard

State or Province of Mailing Address:: MA

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 01754

**Correspondence Information**

Correspondence Customer Number:: 051414

**Representative Information**

Representative Customer Number:: 051414

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2004/011820	04/16/04
PCT/US2004/011820	Claims priority to	10/418,902	04/18/03
PCT/US2004/011820	Claims priority to	60/560,384	04/07/04
This application	Claims priority to	10/418,902	04/18/03
This application	An application claiming the benefit under 35 USC 119(e)	60/560,384	04/07/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: MediSpectra, Inc.

City of Mailing Address:: Lexington

State or Province of Mailing Address:: MA

Country of Mailing Address:: USA